



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

2015 APR 17

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

HAMILTON COUNTY COURTS

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name

Zimmerman for City Council

3. Committee Telephone Number

( 317 ) 319-3776

2. Acronym or Abbreviated Name (if any)

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

11819 Joggins Ln

6. Party Affiliation Republican

5. City, State, ZIP Code

Fishers, IN 46037

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Todd Zimmerman

8. Party Affiliation or If Independent Candidate  
Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)

Fishers City Council at-Large

10. County of Residence Hamilton

### TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☐ Final/Disbands Committee (lines 18, 19, and 20 must be '0') ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 1/1/2015

Through: 4/10/2015

COLUMN A  
This Period

453.86

COLUMN B  
Year to Date

453.86

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

75.00

75.00

15b. Unitemized

SUBTOTAL

15c. Add lines 15a and 15b in both columns

TOTAL

528.86

528.86

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

500.00

500.00

17b. Unitemized

SUBTOTAL

17c. Add lines 17a and 17b in both columns

TOTAL

28.86

28.86

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

0

19. Debts OWED BY the committee (use Schedule D)

0

### DECLARATION

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Title  
Candidate

Date  
4/16/2015

Date

FOR OFFICE USE ONLY

APR 17 AM 9:43



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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code _____ Friends of Stoller 687 Sunblest Blvd Fishers, IN 46038	Fishers City Council NW	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$500.00	\$500.00	3/4/2015
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)			\$500.00		